

Cathy McMorris

7th District State Representative

Senior Citizen Legislative Update

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Dear Neighbor:

As the session progresses, I would like to provide you with this update of important legislative issues which may affect all senior citizens in Washington.

April 2001

This year, I was appointed to the House Health Care Committee. One of the reasons I wanted to serve on that committee is to work to provide better, affordable access to quality health care for citizens.

I've especially been concerned about skyrocketing prescription drug prices, rural hospitals that can barely keep their doors open because of low reimbursement rates, long-term care workers who can hardly make ends meet on existing pay, and access to in-home and nursing home care. We are working to make progress on each of these issues before the session adjourns.

As always, I look forward to hearing from you. If you have a question, comment or suggestion, feel free to contact my office.

Thank you for the honor of allowing me to serve you. Sincerely,

Cathy McMorris

State Representative

Representative Cathy McMorris

DID YOU KNOW?

- Average prices of prescription drugs common to seniors have soared 30 percent since 1994.
- Americans 65 and older pay 42 cents of every dollar spent by the entire population on prescription drugs, although they account for just 13 percent of the population.
- An estimated 80 percent of senior Americans purchase drugs each month.
- About 65 percent of all seniors have some form of drug coverage through insurance plans, Medicaid or other government programs.

Helping seniors obtain the prescriptions they need

In 1992, senior citizens spent an average of \$559 per person to purchase prescription drugs. Last year, that cost was more than \$1,200 per person, an increase of 116 percent. It's estimated that by 2010, annual prescription drug spending per senior citizen will be \$2,810, a jump of 133 percent over last year and more than 403 percent higher than 1992.

Prescription drug prices are becoming unaffordable for many senior citizens, especially those on fixed incomes. Unfortunately, Medicare does not yet include a prescription drug benefit. Until Congress adds that benefit to Medicare, I believe the Legislature needs to act to ensure that seniors have access to the medications they need.



I support the following legislation to improve access to medications:

House Bill 1774 - Would create a pharmacy assistance program that pays a majority of seniors' prescription costs, up to a limit. Seniors who do not qualify for any other government prescription drug program or are not covered under a private plan would be eligible.

House Bill 1753 - Would provide a medication outreach program which would inform seniors of their eligibility for state medical assistance. It would also assist seniors to access free or low-cost prescription medications from public or private sources.

House Joint Memorial 4003 - Would ask Congress and President Bush to pass legislation adding a drug benefit to the Medicare program "in order to give senior citizens access to necessary and life-giving medication."

House Bill 1301 - Would implement a uniform card for all who have prescription drug insurance coverage to increase the pharmacist's efficiency in filling prescriptions, which could cut down on costs and streamline the dispensing of drugs.

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Critical access legislation for rural hospitals

Many of our small hospitals in rural communities serve a population that is low-income or elderly. Health care facilities such as Lincoln Hospital in Davenport have just barely gotten by as medical costs rise and reimbursement rates from government health plans decline. The state currently reimburses just 70 percent of the cost of Medicare claims and only 50 percent of the cost of Medicaid claims. It doesn't take an expert to figure out that you can only operate in the red for so long. It's a serious concern in our communities because we know that once we lose our rural hospitals, we won't get them back.

This year, I made it a priority to help our struggling rural hospitals stay alive and financially viable through legislation I introduced. House Bill 1162 would allow eligible rural hospitals to receive at-cost reimbursements from the state's Medicare and Medicaid plans. Rural facilities in our area that would qualify include: Davenport, Deer Park, Grand Coulee and Odessa.

The measure gained unanimous approval in the House and is now under consideration by the Senate.



Rep. Cathy McMorris serves as a member of the House Health Care Committee.

DID YOU KNOW?

- Health care spending went up 5.1 percent in 1998. Prescription spending went up 14.9 percent.
- Average cost for nursing home care in the United States is \$40,000 \$50,000 annually.
- Nearly 80 percent of 11.5 million Americans receiving long-term care live in their own homes.

Improving long-term care

Gov. Locke has proposed serious reductions in long-term care services, which could affect people's ability to have assistance in their homes. We need to support people who are able to remain independent, with assisted care.

We also should ensure in-home care assistants are adequately paid for the job that they perform. The average wage paid to long-term care workers is less than what teens make working in fast-food chains.

The turnover rate in care giver positions is as high as 100 percent each year, largely because they can't afford to live on the low wages paid. This turnover compromises continuity and consistency of care for the most vulnerable people in our communities.

Better wages for long-term care workers are an absolute necessity if we are to have any hope of stemming the staffing crisis in our nursing facilities, boarding homes, adult family homes and assisted living facilities. That's why I'm supporting legislation that would provide an additional \$1-per hour increase each of the next two years for non-licensed direct care givers in all long-term care settings.

Tax relief for adult family home, boarding home residents

In recent years, the Legislature has provided partial property tax relief on primary residences for senior citizens and individuals retired due to disability. This relief is also extended to those who have been confined to a hospital or nursing home. Unfortunately, it has not covered those who choose to go to an adult family home or boarding home.

This year, I supported legislation that would extend partial property tax relief to seniors and disabled people on their principal residence while living in an adult family home or boarding home. The measure unanimously passed the House and now is under consideration in the Senate.

Representative Cathy McMorris

Are you getting the property tax breaks you deserve?

You may qualify for a property tax exemption if you meet all of the following criteria:

- You are at least 61 years of age or disabled.
- You own and live in a single-family home, mobile home or condominium.
- You have a combined household income not exceeding \$30,000.

How to apply for property tax relief

For information on property tax exemptions and deferrals, call your county assessor:

Pend Oreille	(509) 447-4312
Stevens	(509) 684-6161
Ferry	(509) 775-5204
Lincoln	(509) 725-7011
Okanogan	(509) 422-7190
Spokane	(509) 456-3639

Qualifying citizens are entitled for property tax exemptions on their principal residence and up to one acre of land. You are eligible for the following exemptions if your combined household income falls within the range indicated:

Income	Exemption
\$24,001 to \$30,000	All excess levies (such as special school levies)
\$18,001 to \$24,000	All excess levies and regular levies on the greater of \$40,000 or 35 percent of assessed valuation (maximum \$60,000)
\$18,000 or less	All excess levies and regular levies on the greater of \$50,000 or 60 percent of assessed valuation.

If you are 60 years of age or retired because of physical disability, and your disposable income is \$34,000 or less, you may qualify for property tax deferrals. Check with your county assessor for more details.

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